

# FY 2004-2005 CHDP Asthma Project

## Professional Asthma Education and Training Application

### LOCAL CHDP PROGRAM CONTACT INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Title: \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

County/City: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICATION INSTRUCTIONS:** Complete one application for each training or educational activity. Limit the application narrative to **no more than two (2) pages – e. g. one application page and one additional page.** Please refer to the **CHDP Asthma Project Guidance** for details on parameters of the training and education activities that can be funded through this application.

**Professional Education and Training Program:** Select the training category for this training activity:

- ☐ Asthma Education and Management Training® (for nurses, health educators, etc.)
- ☐ Training for CHDP Providers coordinated with CMS Branch

**Continuing Education Credits (CEC):** CMSB will arrange for CECs. Please select type of CECs you would like to offer:

- Physician CMEs: \_\_\_\_\_
- Health Educator CHESs: \_\_\_\_\_
- Other: \_\_\_\_\_
- Nursing CEUs: \_\_\_\_\_
- Pharmacy: \_\_\_\_\_
- Not offering CECs \_\_\_\_\_

**Training Information:** (You may use one additional page to provide required training information.)

1. **Training Date (preferred – provide 3 optional dates):**
2. **Training Location (preferred):**
3. **Training Objectives:** CMSB will develop the training objectives
4. **Training Target Audience:** (e. g. physicians, nurses, parents, etc.)
5. **Number to be Trained:** \_\_\_\_\_

### BUDGET for Asthma Training and Education -- FOR CMSB/CSUS USE ONLY

**Speaker(s) Fee:**

**Speaker(s) Travel and Per Diem:**

1. Travel:
  2. Per Diem:
- TOTAL: \$**

**Meeting Room and Accommodations:**

1. Meeting Room:
  2. AV Equipment:
  3. Accommodations:
- TOTAL: \$**

**Asthma Training Materials and Other Expenses:** List expenses for training materials procurement, Xeroxing, and other expenses (please itemize):

**TOTAL: \$**

**TOTAL TRAINING BUDGET: \$**

Approved by: \_\_\_\_\_  
To CSUS (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FINAL 10/04